

## CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>																								
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Friends of Robert Yates</i>																														
STREET ADDRESS <i>1320 Chelsea Ave</i>																														
CITY <i>Erie</i>		STATE <i>PA</i>		ZIP CODE <i>16505</i>																										
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE <i>County Council</i>		DISTRICT NO. <i>1</i>	PARTY <i>R</i>	DATE OF ELECTION																									
					MO. <i>11</i>	DAY <i>7</i> YEAR <i>2017</i>																								
6TH TUESDAY PRE-PRIMARY	1.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3">DATES OF REPORTING PERIOD</th> <th colspan="3">TO</th> </tr> <tr> <td>MO.</td><td>DAY</td><td>YEAR</td> <td>MO.</td><td>DAY</td><td>YEAR</td> </tr> <tr> <td><i>10</i></td><td><i>24</i></td><td><i>17</i></td> <td><i>11</i></td><td><i>27</i></td><td><i>17</i></td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>0</i></p> <p>TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>0</i></p> </div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td>NO</td> </tr> </table>			DATES OF REPORTING PERIOD			TO			MO.	DAY	YEAR	MO.	DAY	YEAR	<i>10</i>	<i>24</i>	<i>17</i>	<i>11</i>	<i>27</i>	<i>17</i>	AMENDMENT REPORT?	YES	NO	TERMINATION REPORT?	YES	NO	FOR OFFICE USE ONLY	
DATES OF REPORTING PERIOD					TO																									
MO.	DAY				YEAR	MO.	DAY	YEAR																						
<i>10</i>	<i>24</i>				<i>17</i>	<i>11</i>	<i>27</i>	<i>17</i>																						
AMENDMENT REPORT?	YES				NO																									
TERMINATION REPORT?	YES				NO																									
2ND FRIDAY PRE-PRIMARY	2.	2017 DEC -6 PM 12:23 ERIE COUNTY VOTER REGISTRATION <i>OK</i>																												
30 DAY POST-PRIMARY	3.																													
6TH TUESDAY PRE-ELECTION	4.																													
2ND FRIDAY PRE-ELECTION	5.																													
30 DAY POST-ELECTION	6.																													
ANNUAL REPORT	7.																													

## AFFIDAVIT SECTION

## PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.

If statement is filed on behalf of a Candidate, the Candidate must sign here.

If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.			
SWORN TO AND SUBSCRIBED BEFORE ME THIS <i>6th</i> DAY OF <i>Dec.</i>		NOTARIAL SEAL Jessica M. Brink, Notary Public Millcreek Twp, Erie County My commission expires April 10, 2019	
SIGNATURE <i>Jessica M Brink</i>		SIGNATURE OF PERSON SUBMITTING REPORT <i>Robert J. Yates</i>	
MY COMMISSION EXPIRES <i>4-10-2019</i> MO. DAY YR.		PRINTED NAME <i>ROBERT J. YATES</i> AREA CODE <i>814</i> DAYTIME TELEPHONE NUMBER <i>449.7750</i>	

## PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.			
SWORN TO AND SUBSCRIBED BEFORE ME THIS DAY OF _____ 20____		SIGNATURE OF CANDIDATE	
SIGNATURE		PRINTED NAME	
MY COMMISSION EXPIRES _____ MO. DAY YR.		AREA CODE _____ DAYTIME TELEPHONE NUMBER _____	